

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

TRISTRATA TECHNOLOGY, INC.)
Plaintiff,)
v.) Civil Action No. 06-651 (JJF)
ACTIVE ORGANICS, INC., BEAUTY) Jury Demanded
NATURALLY, INC., DERMADOCTOR.COM,)
INC., and ZIRH INTERNATIONAL CORP.)
Defendants.)

AFFIDAVIT OF MAILING PURSUANT TO 10 DEL. C. § 3104 AND D. DEL. LR 4.1(b)

ARTHUR G. CONNOLLY, III, after first being duly sworn, on this 2nd day of April, 2007, does depose and say:

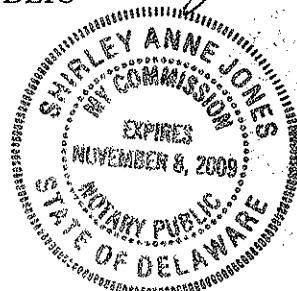
1. I am an attorney with the law firm of Connolly Bove Lodge & Hutz LLP and represent plaintiff in the above captioned action.
2. On February 21, 2007, I caused a copy of the Complaint, the Summons for Defendant DERMAdoctor.com, Inc., and a letter addressed to Audrey Kunin, DERMAdoctor.com, Inc., and containing the information required by 10 Del. C. § 3104, to be forwarded, via Registered Mail Return Receipt Requested, to defendant DERMAdoctor.com, Inc., pursuant to 10 Del. C. § 3104. The Registered Mail receipt for said package is attached hereto as Exhibit "A".

3. On February 26, 2007, the package referenced in paragraph 2, was received by DERMAdoctor.com, Inc. The confirmation/tracking form received from the United States Postal Service is attached hereto as Exhibit "B".

Arthur G. Connolly III
Arthur G. Connolly, III (#2667)

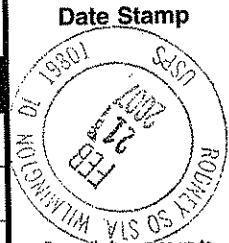
Sworn to and subscribed before me this 2nd day of April, 2007.

Shirley Anne Jones
NOTARY PUBLIC



530667_1

EXHIBIT A

Registered No.		RB 932232349 US	
To Be Completed By Post Office		Reg. Fee <i>1.90</i>	<input type="checkbox"/> Return Receipt <i>1.85</i>
		Handling Charge <i>6.05</i>	Restricted Delivery
		Postage <i>6.05</i>	Received by <i>fem</i>
		Customer Must Declare Full Value \$ <i>d</i>	<input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance
OFFICIAL USE			
To Be Completed By Customer (Please Print) All Entries Must Be In Ballpoint or Typed		 Domestic Insurance up to \$25,000 is included in the fee. International Indemnity is limited. (See Reverse).	
FROM		<i>Arthur Connally III 5077816 Connally, Bove, Lodge & Hutz 1007 N. Orange St. P.O. BOX 2207 Wilm. DE 19801</i>	
TO		<i>Audrey Kunin DERMadoctor.com, Inc 310 W 19th Terrace Kansas City, MO 64108</i>	

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer
May 2004 (7530-02-000-9051) (See Information on Reverse)
For domestic delivery information, visit our website at www.usps.com ®

EXHIBIT B

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Received by (Please Print Clearly) B. Date of Delivery <i>Christina L. Lynch</i> <u>2-26-07</u></p> <p>C. Signature <i>X</i> <u>Christina L. Lynch</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p><i>Audrey Kunin Dermadoctor.com, Inc 310 W. 19th Terrace Kansas City, MO 64108</i></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Copy from service label)</p> <p><i>RB 972 232 349 US</i></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789